

## PUBLIC ASSISTANCE VERIFICATION

### THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of agency) Date: \_\_\_\_\_

---

---

---

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number

I hereby authorize release of my assistance information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

### THIS SECTION TO BE COMPLETED BY ASSISTANCE OFFICE REPRESENTATIVE

Recipient Name: \_\_\_\_\_

Current assistance received: \$ \_\_\_\_\_ (circle one) monthly yearly other \_\_\_\_\_

\_\_\_\_\_  
Agency Authorized Signature Printed name/title Date

\_\_\_\_\_  
Agency Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.